**[](http://www.bing.com/images/search?view=detailV2&ccid=0cyZFuU9&id=387C42E82CBF7829A1133B57A41584041B811212&thid=OIP.0cyZFuU9hjHZWPQbHSfwEwHaCP&q=123+magic&simid=608031349607960245&selectedIndex=5&adlt=strict)****Please complete and return to Mrs Cheryl Booth (SENDCo)**

|  |
| --- |
| **Course Dates: (you must attend all three dates)**   * **Tuesday 1st October 2019 - 1.30 to 3.00pm** * **Tuesday 8th October 2019 – 1.30 to 3.00pm** * **Tuesday 22nd October 2019 – 1.30 to 3.00pm**   **Please Tick**   * Any diagnosed additional needs * Oppositional defiance/ conduct problems * ADHD * Autism   *Course not recommended for Children with Severe Developmental Trauma* |

|  |  |  |
| --- | --- | --- |
| **Name of child:** | | **Date Of Birth:** |
| **Name of Parents/Carers:** | | |
| **Contact Number:** | **E mail:** | |
| **Address** | | |
| **Number of adults wishing to attend the training:** | | |
| **Background Information** – why you would like to attend the course  **Additional information** **of other agencies** involved with the family – if applicable. | | |
| **Signed:** | | **Date:** |